

**OFFICIAL FILE  
ILLINOIS COMMERCE COMMISSION**

**ORIGINAL**

ILLINOIS  
COMMERCE COMMISSION

(File this application via e-docket, or if unable to do so, file one original verified application with the Chief Clerk.)

2003 JUL 15 P 1:00

Docket No. \_\_\_\_\_

CHIEF CLERK'S OFFICE

Please provide the appropriate information in the ( ) areas in the heading below.

Essex Acquisition Corporation :

Application for a certificate of  
local and interexchange authority :  
to operate as a reseller and facilities :  
based carrier of telecommunications :  
services in the entire :  
State of Illinois. :

03-0440

**APPLICATION FOR CERTIFICATE TO BECOME A  
TELECOMMUNICATIONS CARRIER**  
(Use additional sheets as necessary.)

**GENERAL**

1. Applicant's Name(including d/b/a, if any)

FEIN # 30-0114377

Essex Acquisition Corp.

Address: Street 6590 West Rogers Circle, Suite 6A

City Boca Raton

State/Zip 33487

2. Authority Requested: (Mark all that apply)        13-403 Facilities Based Interexchange

  X   13-404 Resale of Local and/or Interexchange

  X   13-405 Facilities Based Local

3. Request for waivers/variances: In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance.

  X   Part 710 Uniform System of Accounts for Telecommunications Carriers

  X   Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits,  
Termination of Service and Issuance of Telephone Directories for  
Local Exchange Telecommunications Carriers in the State of Illinois

  X   Section 735.180 Directories

\_\_\_\_\_ Other

*Please refer to Exhibit A attached hereto.*

4. For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following:
  - (a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document
  - (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document;
  - (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and
  - (d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document.
5. In what area of the state does the Applicant propose to provide service?

**Local exchange facilities-based (UNEP) services will be provided in the service territories of Ameritech, Citizens and Verizon.**

6. Please attach a sheet designating contact persons to work with Staff on the following:
- a) issues related to processing this application
  - b) consumer issues
  - c) customer complaint resolution
  - d) technical and service quality issues
  - e) "tariff" and pricing issues
  - f) 9-1-1 issues
  - g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address.

*Please refer to Exhibit B attached hereto.*

7. Please check type of organization?

☐ Individual  
☒ Partnership  
☐ Other (Specify)

☒ Corporation  
 Date corporation was formed 08/12/02  
 In what state? Delaware

8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois.

*Please refer to Exhibit C attached hereto.*

9. List jurisdictions in which Applicant is offering service(s).

Colorado, Connecticut, Massachusetts, New Jersey, New York, Pennsylvania, Rhode

*Island and West Virginia.*

10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

       YES (Please provide details)   X   NO

11. Have there been any complaints or judgements levied against the Applicant in any other jurisdiction?

  X   YES        NO

If YES, describe fully. Informal complaints have been levied by customers of the Applicant.

No formal complaints or judgments have been levied against the Applicant.

12. Has Applicant provided service under any other name?

  X   YES        NO

If YES, please list. Essex Telecommunications and VeraNet Solutions.

13. Will the Applicant keep its books and records in Illinois?   X   YES        NO

If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

#### **MANAGERIAL**

14. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms.

*Please refer to Exhibit D attached hereto.*

15. List officers of Applicant.

Ken Baritz, President

Ronald Gavillet, Sec.

James Doherty, COO

Donald Zyck, Asst. Sec.

16. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services?        YES   X   NO

If YES, list entity.       

17. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)

Applicant will issue bills on a monthly basis. All bills will set forth call detail

information, the Applicant's name, address and toll free number, and any other

content required by the Commission pursuant to 83 IAC 735.70 or other regulations.

18. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)

Please refer to Exhibit E attached hereto.

19. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? ☒ YES ☐ NO

20. What telephone number(s) would a customer use to contact your company?

888/389-1400

21. Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?

☒ YES ☐ NO

22. Please describe applicant's procedures to prevent slamming and cramming of customers?

Please refer to Exhibit F attached hereto.

23. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 732, 735, 755, 756, 757, 770, and 772?

☒ YES ☐ NO (If no, please provide an explanation.)

Except to the extent that waivers requested herein are granted by the Commission.

24. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

☒ YES ☐ NO

#### **FINANCIAL**

25. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

Financial statements (Exhibit G) are being filed under separate cover and marked as "CONFIDENTIAL". The Applicant will request proprietary treatment of that filing.

#### **TECHNICAL**

26. Does Applicant utilize its own equipment and/or facilities? ☐ YES ☒ NO

If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

\_\_\_\_\_  
\_\_\_\_\_  
If NO, which facility provider(s)'s services does the Applicant intend to use?

Although requesting facilities-based authority for the provision of UNEP services, the Applicant will not have any equipment or facilities in Illinois. The Applicant will lease facilities from the incumbent local exchange carrier or a third party vendor to the extent necessary to offer UNEP services.

27. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).

The Applicant plans to primarily offer local exchange (included prepaid), long distance, and debit card services.

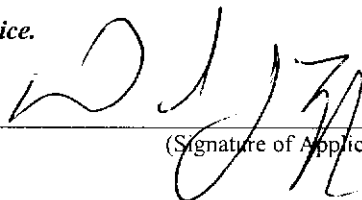
28. Will technical personnel be available at all times to assist customers with service problems?

\_\_\_\_ YES \_\_\_\_ X \_\_\_\_ NO

*Technical personnel will be available only during normal business hours.*

29. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? \_\_\_\_\_ YES \_\_\_\_\_ NO

*The Applicant will not be providing payphone service.*

  
\_\_\_\_\_  
(Signature of Applicant)

VERIFICATION

This application shall be verified under oath.

OATH

State of ILLINOIS)  
County of COCK)ss

DONALD ZYCK makes oath and says that he is ASSISTANT SECRETARY  
(Insert here the name of affiant) (Insert the official title of the affiant)

of ESSEX ACQUISITION CORPORATION  
(Insert here the exact legal title or name of the Applicant)

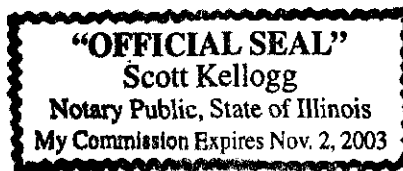
that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

[Signature]  
(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/[Signature]  
(Title of person authorized to administer oaths)

in the State and County above named, this 14<sup>th</sup> day of JULY, 2003.

[Signature]  
(Signature of person authorized to administer oath)



**LIST OF APPENDICES**

- APPENDIX A    Standard Questions for Applicants Seeking Local Exchange Service Authority
- APPENDIX B    9-1-1 Questions for Applicants Seeking Local Exchange Service Authority
- APPENDIX C    Financial Questions for Applicants Seeking Local Exchange Service Authority
- APPENDIX D    Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority

**LIST OF EXHIBITS**

EXHIBIT A	Response to Question 3
EXHIBIT B	Responses to Questions 6(a) through 6(g)
EXHIBIT C	Articles of Incorporation and Certificate of Authority to Transact Business in Illinois
EXHIBIT D	Response to Question 14
EXHIBIT E	Response to Question 18
EXHIBIT F	Response to Question 22
EXHIBIT G	Response to Question 25
EXHIBIT H	ITAC and UTAC Forms
EXHIBIT I	Response to Appendix A, Question 16
EXHIBIT J	Draft Customer Notification